



HIV/AIDS Semi-Annual Report December 2006

Kentucky Cabinet for Health and Family Services
Department for Public Health
HIV/AIDS Branch

HIV/AIDS Semi-Annual Report Production:

**Kentucky HIV/AIDS Branch
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Department for Public Health
Cabinet for Health and Family Services**

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Kentucky HIV/AIDS Semi-Annual Report

Data Sources and Limitations

The HIV/AIDS Semi-Annual Report presents data regarding AIDS cases diagnosed and reported to the Kentucky Department for Public Health HIV/AIDS Surveillance Program through December 31, 2006. According to state regulation 902 KAR 2:020, Section 7, health professionals licensed under KRS chapters 311 through 314, health facilities licensed under KRS chapter 216B, and laboratories licensed under KRS chapter 333 are required to report HIV and AIDS cases to the Kentucky Department for Public Health within five business days of diagnosis. HIV and AIDS cases are reported by name. HIV cases were previously reported by 'Unique Identifier' consisting of the person's initials of last and first name, date of birth, and last four digits of the Social Security number. However, on July 13, 2004, new HIV/AIDS reporting requirements were adopted in Kentucky to include reporting for HIV using a "Confidential Name Based" reporting system. According to 902 KAR 2:020, Section 7, HIV cases are to be reported by name, gender, race and risk factor as identified by the Centers for Disease Control and Prevention. Data from the new HIV 'Confidential Name Based' reporting system, which was implemented as a result of these requirements, will not be released until a complete evaluation of the system has been performed. HIV tests can be either anonymous or confidential; however, only confidential HIV positive cases are reported to the Kentucky Department for Public Health.

HIV and AIDS cases residing in the Kentucky counties of Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer and Trimble are reported to an HIV/AIDS surveillance consultant at the Louisville Metro Health Department. All other HIV and AIDS cases are reported to an HIV/AIDS surveillance representative at the Kentucky Department for Public Health. Case information from both sites is combined at the Kentucky Department for Public Health to produce this report.

Data Limitations: The year of AIDS diagnosis, not the year of report, was used in the analysis of trends and in the calculation of rates. As a result of reporting delays, case numbers for the most recent years of diagnosis may not be complete and therefore the data from 2006 is considered provisional. AIDS data provided by the Kentucky Department for Public Health have not been adjusted for reporting delay.

Limitations of the data also exist in the reliability of the calculated rates from a small number of reported cases. All rates, including incidence rates, are subject to random variation. Small frequencies of reported AIDS cases may cause a higher likelihood that this random variation may exist. The observation of no cases being reported (or a rate of zero), regardless of the population size, may not represent the number of actual cases within that population.

When presenting data on the risk factor through which HIV was most likely transmitted (i.e., mode of exposure), cases are counted only once based on a hierarchy of transmission categories. A limitation of the AIDS dataset is the large number of cases reported with undetermined mode of exposure information. Currently, surveillance data is collected through hard copy case reports, telephone and chart reviews, which may sometimes result in missing information. Enhanced surveillance activities have been implemented to attempt to resolve case reports with missing risk factor information.

Although Kentucky has implemented the name-based reporting system as of July 13, 2004, the recent implementation of this reporting system prevents any HIV data from being released at this time. Also, the AIDS dataset includes only those cases who were residents of Kentucky at the time of diagnosis. Therefore, no data are available to pinpoint the number of people who are currently living with AIDS in Kentucky, regardless of their residence at diagnosis.

Note to Reader: Case duplication between states can occur and has become more of an issue due to the mobility of our society. To help respond to potential duplication problems, the CDC initiated the Interstate Duplication Evaluation Project (IDEP), now called Routine Interstate Duplicate Review (RIDR), in 2004. RIDR compares patient records throughout the nation in order to identify duplicate cases that may exist. The states with duplicate cases contact one another to compare patient profiles in order to determine the state to which the case belongs. Because of this process, the cumulative number of cases within Kentucky may change, but the process has increased the accuracy of Kentucky AIDS data by reducing the chance that a case has been counted more than once nationally.

Number of AIDS Cases in Kentucky

Date of Report:	The date an HIV or AIDS case is reported to the Kentucky HIV/AIDS Program.
Date of Diagnosis:	The date an HIV or AIDS case is actually diagnosed.
KEY DIFFERENCE:	A case may be diagnosed in one year and not reported for many years. For this reason, date of diagnosis is used to examine epidemiologic trends.
Incidence:	The proportion of new cases of a disease that occur in the population at risk during a specified time period.

As of December 31, 2006, there have been a total of 4,506 AIDS cases reported in Kentucky to the Department for Public Health's HIV/AIDS surveillance program since 1982. Of these reported cases, 2,563 are still reported as living. In 2005, there were 171 new AIDS cases diagnosed. As of December 31, 2006, 144 new AIDS cases have been diagnosed and reported to the Kentucky HIV/AIDS surveillance program (Table 1).

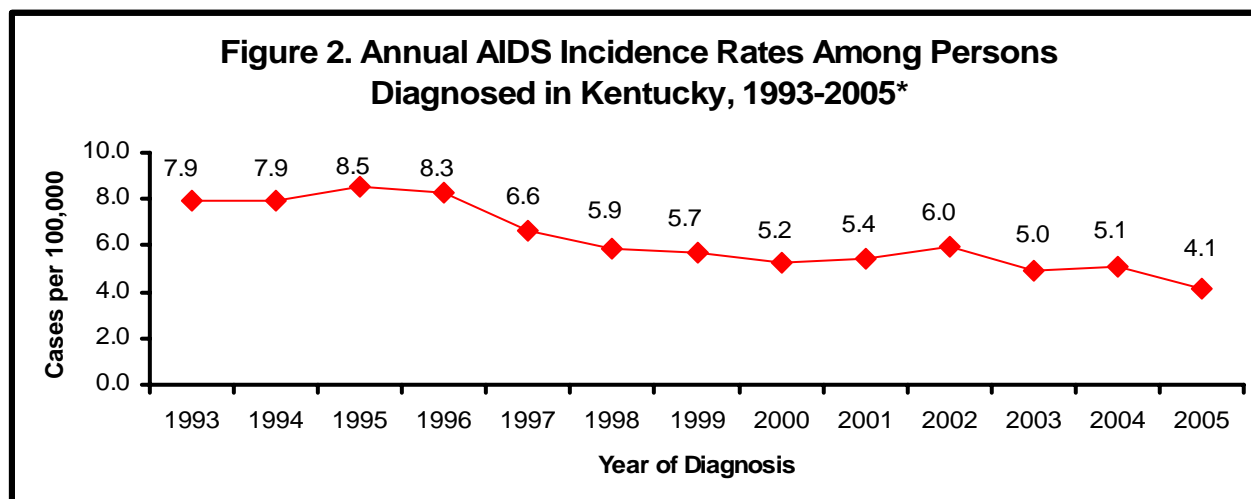
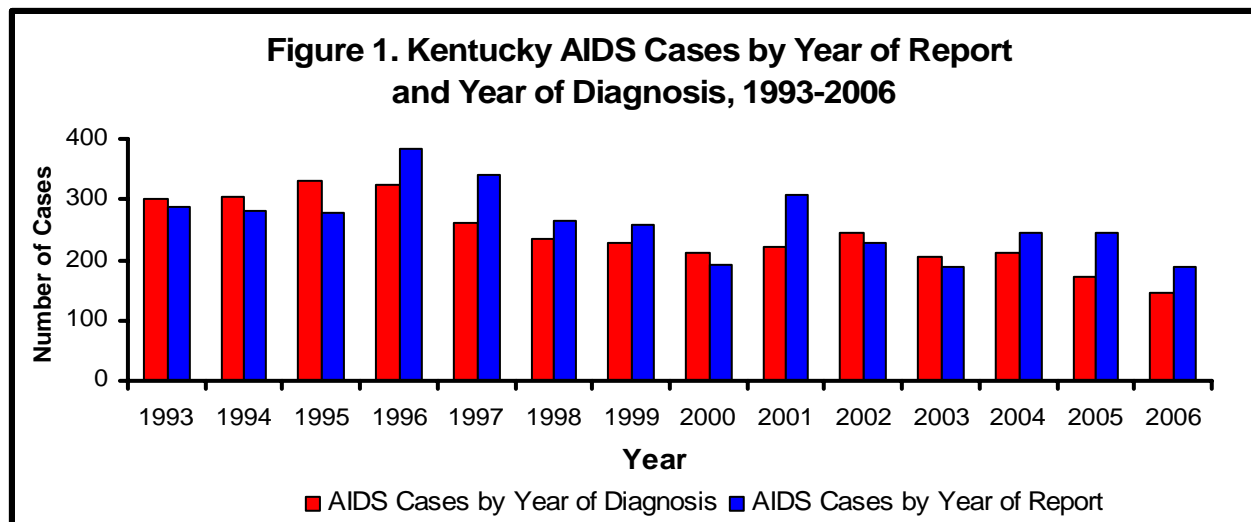
AIDS Cases by Year of Report and Year of Diagnosis

Table 1.

Year	AIDS Cases by Year of Diagnosis	AIDS Cases by Year of Report
1993	302	288
1994	305	281
1995	331	277
1996	324	383
1997	261	342
1998	235	264
1999	229	258
2000	211	193
2001	220	308
2002	244	228
2003	204	190
2004	212	243
2005	171	245
2006	144	189

*The increase in reported cases for the year 2001 may be due to a change in reporting regulations, which were adopted in December 2000, requiring laboratories to report positive HIV test results to the Department for Public Health.

Number of AIDS Cases and Rates in Kentucky



*Data are current as of December 31, 2006. However, data for 2006 are considered provisional due to reporting delays and are not presented in trend analysis.

Figure 1 shows the Kentucky AIDS cases by year of report as well as year of diagnosis. The annual AIDS incidence rates among persons diagnosed in Kentucky show a trend by year of diagnosis (Figure 2). The AIDS incidence rate decreased 39 percent from 8.5 per 100,000 in 1995 to 5.2 per 100,000 in 2000. This decline was partially due to advances in treatments for HIV and opportunistic infections. The treatments prolonged the lives of many patients as well as extended the time from HIV infection to AIDS progression. The incidence rate has remained fairly steady from 2000 to 2005, with a slight increase in 2002 and a slight decrease in 2005.

Cumulative AIDS Statistics: Kentucky vs. The United States

Table 2. Kentucky AIDS Cases Cumulative through December 31, 2006

Characteristics	Total Cases	% of AIDS cases ⁽¹⁾
SEX		
Male (adult/adolescent)	3,807	84%
Female (adult/adolescent)	668	15%
Child (<13 yrs)	31	1%
TOTAL	4,506	100%
AGE AT DIAGNOSIS		
<13	31	1%
13-24	239	5%
25-44	3,349	74%
45-64	842	19%
65+	45	1%
TOTAL	4,506	100%
RACE/ETHNICITY		
White, Not Hispanic	2,975	66%
Black, Not Hispanic	1,380	31%
Hispanic	127	3%
Other/Undetermined	24	1%
TOTAL	4,506	100%
MODE OF EXPOSURE		
MSM ⁽²⁾	2,515	56%
IDU ⁽³⁾	614	14%
MSM/IDU	268	6%
Heterosexual	687	15%
Perinatal	26	1%
Other/Undetermined ⁽⁴⁾	396	9%
TOTAL	4,506	101%

(1) Percentages may not always total 100% due to rounding

(2) MSM=Men Having Sex With Men

(3) IDU=Injection Drug Use

(4) Includes hemophilia, blood transfusion, and risk not reported or not identified.

Kentucky's distribution of AIDS cases by age at diagnosis (Table 2) closely parallels that of the U.S. distribution (Table 3). However, compared to U.S. data, the percentage of white cases reported is greater in Kentucky. This could be due to the greater percentage of white persons in Kentucky's general population compared to the U.S. population. In addition, a greater percentage of

Table 3. Estimated United States AIDS Cases Cumulative through 2005⁽⁵⁾

Characteristics	Total Cases ⁽⁶⁾	% of AIDS cases ⁽¹⁾
SEX		
Male (adult/adolescent)	764,763	80%
Female (adult/adolescent)	182,822	19%
Child (<13 yrs)	9,078	1%
TOTAL[†]	956,663	100%
AGE AT DIAGNOSIS		
<13	9,089	1%
13-24	41,311	4%
25-44	683,755	71%
45-64	207,904	22%
65+	14,606	2%
TOTAL[†]	956,665	100%
RACE/ETHNICITY		
White, Not Hispanic	386,552	41%
Black, Not Hispanic	399,637	42%
Hispanic	156,026	16%
Other	10,990	1%
TOTAL[†]	953,205	100%
MODE OF EXPOSURE		
MSM ⁽²⁾	454,106	47%
IDU ⁽³⁾	242,006	25%
MSM/IDU	66,081	7%
Heterosexual	164,850	17%
Perinatal	8,438	1%
Other/Undetermined	21,182	2%
TOTAL[†]	956,663	100%

(5) U.S. cases from Centers for Disease Control and Prevention. *HIV/AIDS Surveillance Report: HIV Infection and AIDS in the United States*, 2005: 17.

(6) These numbers do not represent actual cases, rather they are point estimates which have been adjusted for reporting delay and redistribution of unknown risk. Value totals may be different because values were calculated independently. † Total include persons of unknown race or multiple races and persons of unknown gender. Because totals were calculated independently of the values for the subpopulations, the totals in the tables may not be equal.

Kentucky AIDS cases report their primary mode of exposure to be men having sex with men (MSM) (56%) as compared to U.S. AIDS cases (47%).

Annual AIDS Incidence Rate per 100,000⁽¹⁾ A Comparison of Kentucky to Other States, 2005

Table 4.

Rank	State	Rate	Rank	State	Rate
1	District of Columbia	128.4	26	Michigan	8.1
2	New York	32.7	27	Oklahoma	7.9
3	Maryland	28.5	28	Washington	7.7
4	Florida	27.9	28	Colorado	7.7
5	Georgia	25.7	30	New Mexico	7.1
6	Louisiana	21.2	31	Ohio	6.8
7	Delaware	20.9	32	Missouri	6.7
8	Connecticut	19.0	33	Indiana	6.5
9	South Carolina	15.7	34	Kentucky	6.2
10	Illinois	15.1	35	Oregon	6.0
11	New Jersey	14.7	36	Minnesota	4.4
12	Tennessee	14.1	37	West Virginia	4.1
13	Texas	13.6	38	Kansas	3.9
14	Mississippi	13.2	38	Alaska	3.9
15	Nevada	12.3	40	Iowa	3.2
16	Pennsylvania	12.1	41	Nebraska	3.0
17	Alabama	11.4	42	Utah	2.6
18	California	11.3	42	New Hampshire	2.6
19	North Carolina	10.9	44	South Dakota	2.4
20	Massachusetts	10.8	45	Wisconsin	2.2
20	Arizona	10.8	46	Montana	2.1
22	Arkansas	8.7	47	Idaho	1.7
23	Virginia	8.5	48	North Dakota	1.6
23	Hawaii	8.5	48	Maine	1.6
25	Rhode Island	8.3	50	Wyoming	1.2
			51	Vermont	1.0

(1) U.S. rates from Centers for Disease Control and Prevention. *HIV/AIDS Surveillance Report: HIV Infection and AIDS in the United States*, 2005:17

United States AIDS Incidence Rate: 13.7
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Cumulative AIDS Cases By Area Development Districts (ADD) and County at the Time of Diagnosis

Table 5.

ADD/County	Total AIDS Cases ⁽¹⁾	Living with AIDS	ADD/County	Total AIDS Cases ⁽¹⁾	Living with AIDS
Barren River	157	73	Buffalo Trace	33	20
Allen	11	7	Bracken	≤5	≤5
Barren	24	8	Fleming	≤5	≤5
Butler	≤5	≤5	Lewis	11	7
Edmonson	≤5	≤5	Mason	14	8
Hart	≤5	≤5	Robertson	≤5	≤5
Logan	16	8			
Metcalfe	≤5	≤5	Cumberland Valley	91	55
Monroe	10	≤5	Bell	11	8
Simpson	7	≤5	Clay	18	15
Warren	76	33	Harlan	11	6
			Jackson	≤5	≤5
Big Sandy	38	21	Knox	8	≤5
Floyd	12	9	Laurel	18	10
Johnson	6	≤5	Rockcastle	≤5	≤5
Magoffin	≤5	≤5	Whitley	18	9
Martin	≤5	≤5			
Pike	17	8	FIVCO	77	45
			Boyd	52	36
Bluegrass	868	540	Carter	7	≤5
Anderson	8	≤5	Elliott	≤5	≤5
Bourbon	11	6	Greenup	11	≤5
Boyle	16	13	Lawrence	≤5	≤5
Clark	19	13			
Estill	≤5	≤5	Gateway	46	34
Fayette	618	382	Bath	≤5	≤5
Franklin	47	27	Menifee	≤5	≤5
Garrard	≤5	≤5	Montgomery	15	15
Harrison	7	≤5	Morgan	16	7
Jessamine	18	9	Rowan	9	8
Lincoln	9	≤5			
Madison	39	24	Green River	148	88
Mercer	15	9	Daviess	77	47
Nicholas	≤5	≤5	Hancock	≤5	≤5
Powell	7	≤5	Henderson	38	26
Scott	25	19	McLean	≤5	≤5
Woodford	19	15	Ohio	8	≤5
			Union	14	6
			Webster	≤5	≤5

(1) Total cases both living and deceased

Note: Residence at diagnosis missing for 4 cases

Continued on page 8

Cumulative AIDS Cases By Area Development Districts (ADD) and County at the Time of Diagnosis (Continued from page 7)

Table 5. continued

ADD/County	Total AIDS Cases ⁽¹⁾	Living with AIDS	ADD/County	Total AIDS Cases ⁽¹⁾	Living with AIDS
Kentucky River	40	25	North Central	2084	1133
Breathitt	≤5	≤5	Bullitt	15	9
Knott	≤5	≤5	Henry	11	≤5
Lee	≤5	≤5	Jefferson	1902	1027
Leslie	≤5	≤5	Oldham	120	68
Letcher	14	8	Shelby	25	16
Owsley	≤5	≤5	Spencer	≤5	≤5
Perry	10	7	Trimble	6	≤5
Wolfe	≤5	≤5			
Lake Cumberland	62	39	Northern Kentucky	381	216
Adair	≤5	≤5	Boone	52	31
Casey	≤5	≤5	Campbell	77	42
Clinton	≤5	≤5	Carroll	6	≤5
Cumberland	≤5	≤5	Gallatin	≤5	≤5
Green	≤5	≤5	Grant	13	6
McCreary	≤5	≤5	Kenton	226	127
Pulaski	30	16	Owen	≤5	≤5
Russell	≤5	≤5	Pendleton	≤5	≤5
Taylor	≤5	≤5			
Wayne	≤5	≤5	Pennyrile	181	95
Lincoln Trail	125	76	Caldwell	13	8
Breckinridge	9	≤5	Christian	68	41
Grayson	9	≤5	Crittenden	≤5	≤5
Hardin	72	44	Hopkins	28	8
Larue	≤5	≤5	Livingston	10	≤5
Marion	6	≤5	Lyon	14	≤5
Meade	13	11	Muhlenberg	21	8
Nelson	13	≤5	Todd	18	12
Washington	≤5	≤5	Trigg	6	≤5
			Purchase	171	99
			Ballard	7	≤5
			Calloway	21	12
			Carlisle	≤5	≤5
			Fulton	≤5	≤5
			Graves	20	9
			Hickman	≤5	≤5
			Marshall	12	8
			McCracken	103	61

(1) Total cases both living and deceased
 Note: Residence at diagnosis missing for 4 cases

AIDS Cases and Incidence Rates by Year of Diagnosis and Area Development District (ADD) of Residence at Time of Diagnosis

Table 6.

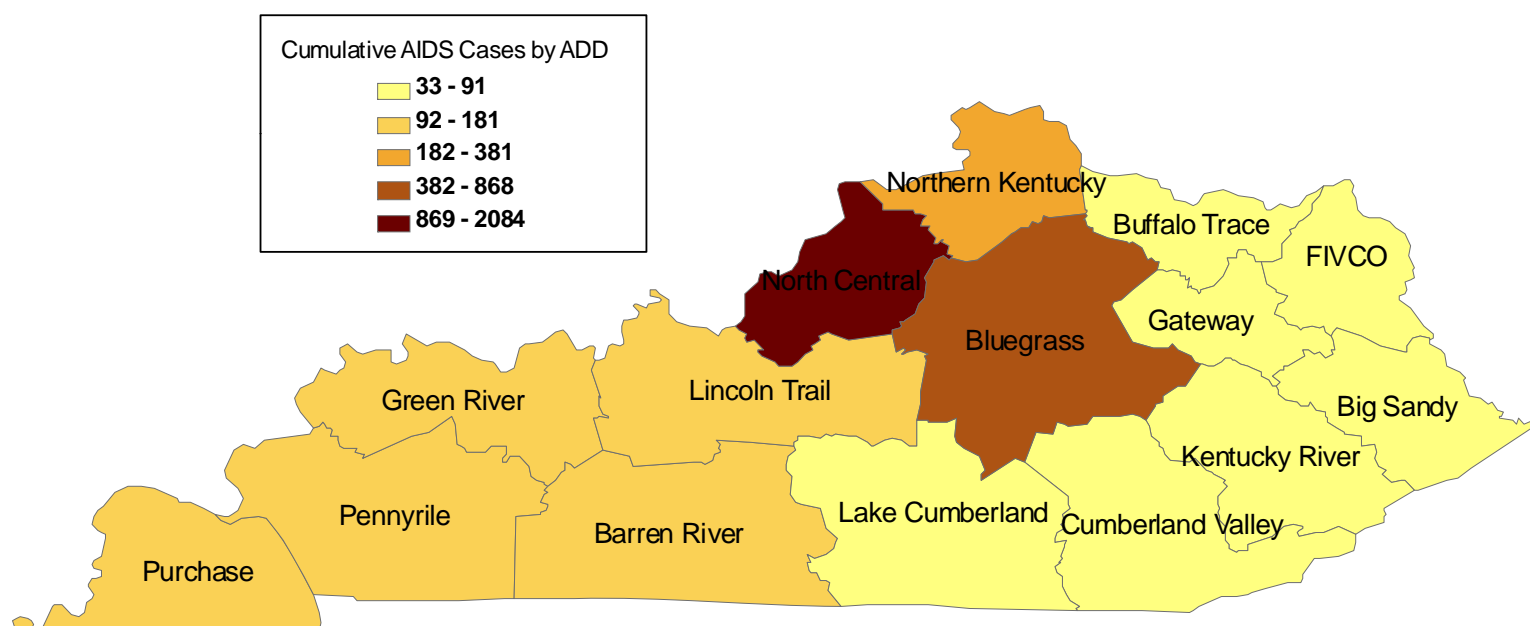
AIDS CASES AND RATES BY YEAR OF DIAGNOSIS AND BY AREA DEVELOPMENT DISTRICT (ADD) AT TIME OF DIAGNOSIS										
DISTRICT	CASES & RATES⁽¹⁾	1982-2000	2001	2002	2003	2004	2005	2006	TOTAL CASES⁽²⁾	%
1. Purchase	Cases Rate per 100,000	118	11 5.7	7 3.6	12 6.2	10 5.2	4 2.1	9	171	4%
2. Pennyrite	Cases Rate per 100,000	144	5 2.3	9 4.2	8 3.7	6 2.8	6 2.8	3	181	4%
3. Green River	Cases Rate per 100,000	111	6 2.9	10 4.8	8 3.8	8 3.8	2 0.9	3	148	3%
4. Barren River	Cases Rate per 100,000	113	4 1.6	9 3.5	6 2.3	11 4.2	8 3.0	6	157	3%
5. Lincoln Trail	Cases Rate per 100,000	93	5 2.0	8 3.2	5 2.0	6 2.4	6 2.4	2	125	3%
6. North Central	Cases Rate per 100,000	1532	110 12.6	125 14.2	98 11.0	90 10.1	77 8.5	51	2083	46%
7. Northern Kentucky	Cases Rate per 100,000	282	11 1.2	14 1.6	15 1.7	27 3.0	16 1.7	16	381	8%
8. Buffalo Trace	Cases Rate per 100,000	22	2 3.6	2 3.6	1 1.8	1 1.8	5 8.8	0	33	1%
9. Gateway	Cases Rate per 100,000	33	2 2.6	4 5.1	5 6.4	0 0.0	1 1.3	1	46	1%
10. FIVCO	Cases Rate per 100,000	59	2 1.5	2 1.5	3 2.2	3 2.2	2 1.5	6	77	2%
11. Big Sandy	Cases Rate per 100,000	31	1 0.6	1 0.6	3 1.9	1 0.6	1 0.6	0	38	1%
12. Kentucky River	Cases Rate per 100,000	27	2 1.7	5 4.2	2 1.7	0 0.0	0 0.0	4	40	1%
13. Cumberland Valley	Cases Rate per 100,000	67	5 2.1	5 2.1	3 1.2	4 1.7	6 2.5	1	91	2%
14. Lake Cumberland	Cases Rate per 100,000	41	5 2.6	2 1.0	4 2.0	2 1.0	2 1.0	6	62	1%
15. Bluegrass	Cases Rate per 100,000	636	49 7.1	41 5.9	31 4.4	43 6.0	35 4.8	33	868	19%
TOTAL CASES		3,309	220	244	204	212	171	141	4,501	100%

(1) Rates are only listed for years of diagnosis 2001 - 2005. Data for 2006 are provisional due to reporting delay and are subject to change. Due to the small numbers of AIDS cases reported in some ADDs, please interpret the corresponding rates with caution.

(2) Total AIDS Cases both Living and Deceased; Total AIDS cases reported are 4,506—4 AIDS case with unknown residential information and 1 AIDS case reported in the North Central ADD with unknown year of diagnosis.

Figure 3.

**Cumulative AIDS Cases by Area Development District (ADD)
December 31, 2006**



The largest number of AIDS cases (46%) were residing in the North Central Area Development District (ADD), which includes the city of Louisville, at the time of diagnosis (Figure 3). The Bluegrass ADD, which includes the city of Lexington, has the second largest number of AIDS cases (19%) diagnosed in Kentucky, followed by the Northern Kentucky ADD with the third largest number of AIDS cases (8%) reported in the state.

Adult/Adolescent⁽¹⁾ AIDS Cases By Year of Diagnosis, Sex, Age at Diagnosis, Race/Ethnicity, and Mode of Exposure

Table 7.

Characteristics	1982-00	%	2001	%	2002	%	2003	%	2004	%	2005	%	2006 ⁽²⁾	%	Total	% ⁽³⁾
SEX																
Male	2850	87%	184	84%	195	81%	156	76%	168	80%	136	80%	117	81%	3806	85%
Female	434	13%	35	16%	47	19%	48	24%	42	20%	35	20%	27	19%	668	15%
TOTAL⁽³⁾	3284	100%	219	100%	242	100%	204	100%	210	100%	171	100%	144	100%	4474	100%
AGE AT DIAGNOSIS																
13-19	25	1%	2	1%	1	0%	1	0%	1	0%	1	1%	0	0%	31	1%
20-29	624	19%	38	17%	35	14%	38	19%	33	16%	24	14%	24	17%	816	18%
30-39	1558	47%	72	33%	88	36%	64	31%	74	35%	61	36%	35	24%	1952	44%
40-49	786	24%	79	36%	76	31%	71	35%	80	38%	61	36%	54	38%	1207	27%
>49	291	9%	28	13%	42	17%	30	15%	22	10%	24	14%	31	22%	468	10%
TOTAL⁽³⁾	3284	100%	219	100%	242	100%	204	100%	210	100%	171	100%	144	100%	4474	100%
RACE/ETHNICITY																
White, Not Hispanic	2268	69%	124	57%	152	63%	114	56%	124	59%	98	57%	81	56%	2961	66%
Black, Not Hispanic	943	29%	84	38%	77	32%	75	37%	71	34%	58	34%	54	38%	1362	30%
Hispanic	62	2%	10	5%	10	4%	9	4%	14	7%	13	8%	9	6%	127	3%
Other	11	0%	1	0%	3	1%	6	3%	1	0%	2	1%	0	0%	24	1%
TOTAL⁽³⁾	3284	100%	219	100%	242	100%	204	100%	210	100%	171	100%	144	100%	4474	100%
MODE OF EXPOSURE																
MSM ⁽⁴⁾	1924	59%	126	58%	109	45%	95	47%	105	50%	88	51%	67	47%	2514	56%
IDU ⁽⁵⁾	448	14%	27	12%	38	16%	35	17%	33	16%	16	9%	17	12%	614	14%
MSM and IDU	211	6%	11	5%	8	3%	11	5%	17	8%	2	1%	8	6%	268	6%
Hemophilia/Blood Disorder	82	2%	0	0%	0	0%	0	0%	2	1%	0	0%	0	0%	84	2%
Heterosexual ⁽⁶⁾	434	13%	40	18%	52	21%	46	23%	39	19%	51	30%	25	17%	687	15%
Transfusion/Transplant	41	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	41	1%
Undetermined ⁽⁷⁾	144	4%	15	7%	35	14%	17	8%	14	7%	14	8%	27	19%	266	6%
TOTAL⁽³⁾	3284	100%	219	100%	242	100%	204	100%	210	100%	171	100%	144	100%	4474	100%

(1) Cases are classified as Adult/Adolescent if they are 13 years of age or older at time of diagnosis.

(2) Data for 2006 are provisional due to reporting delays.

(3) Percentages may not total 100% due to rounding. Total cumulative Adult/Adolescent cases=4,475--1 AIDS case reported with unknown year of diagnosis

(4) MSM = Men Having Sex With Men

(5) IDU = Injection Drug Use

(6) "Heterosexual" includes persons who have had heterosexual contact with a person with HIV or at risk for HIV.

(7) "Undetermined" refers to persons whose mode of exposure to HIV is unknown. This includes persons who are under investigation, deceased, lost to follow-up, refused interview, and persons whose mode of exposure remains undetermined after investigation.

Cumulative Adult/Adolescent⁽¹⁾ AIDS Cases by Mode of Exposure, Race/Ethnicity and Sex as of December 31, 2006

Table 8.

	Mode of Exposure	White, Not Hispanic		Black, Not Hispanic		Hispanic		Other		TOTAL	
		No.	%	No.	%	No.	%	No.	%	No.	% ⁽²⁾
MALE	MSM ⁽³⁾	1963	74%	500	48%	43	44%	9	47%	2515	66%
	IDU ⁽⁴⁾	182	7%	227	22%	25	26%	6	32%	440	12%
	MSM and IDU	176	7%	86	8%	5	5%	1	5%	268	7%
	Hemophilia/Coagulation Disorder	73	3%	8	1%	0	0%	0	0%	81	2%
	Heterosexual ⁽⁵⁾	129	5%	128	12%	11	11%	2	11%	270	7%
	Transfusion/Transplant	20	1%	5	0%	0	0%	0	0%	25	1%
	Undetermined ⁽⁶⁾	101	4%	92	9%	14	14%	1	5%	208	5%
	TOTAL	2644	100%	1046	100%	98	100%	19	100%	3807	100%
FEMALE	IDU ⁽⁴⁾	76	24%	89	28%	8	28%	1	20%	174	26%
	Hemophilia/Coagulation Disorder	2	1%	1	0%	0	0%	0	0%	3	0%
	Heterosexual ⁽⁵⁾	197	62%	196	62%	20	69%	4	80%	417	62%
	Transfusion/Transplant	12	4%	4	1%	0	0%	0	0%	16	2%
	Undetermined ⁽⁶⁾	30	9%	27	9%	1	3%	0	0%	58	9%
	TOTAL	317	100%	317	100%	29	100%	5	100%	668	100%

(1) Cases are classified as Adult/Adolescent if they are 13 years of age or older at time of diagnosis.

(2) Percentages may not total to 100 due to rounding.

(3) MSM = Men Having Sex With Men

(4) IDU = Injection Drug Use

(5) "Heterosexual" includes persons who have had heterosexual contact with a person with HIV or at risk for HIV.

(6) "Undetermined" refers to persons whose mode of exposure to HIV is unknown. This includes persons who are under investigation, dead, lost to follow-up, refused interview, and persons whose mode of exposure remain undetermined after investigation.

Pediatric AIDS Cases by Mode of Exposure and Race/Ethnicity as of December 31, 2006

Table 9.
Cumulative Pediatric⁽¹⁾ AIDS Cases by Mode of Exposure and Race/Ethnicity as of 12/31/06

Mode of Exposure	White, Not Hispanic		Black, Not Hispanic		Other		TOTAL	
	No.	%	No.	%	No.	%	No.	% ⁽²⁾
Hemophilia/Coagulation Disorder	3	21%	1	6%	0	0%	4	13%
Perinatal	10	71%	16	94%	0	0%	26	84%
Transfusion	1	7%	0	0%	0	0%	1	3%
TOTAL	14	100%	17	100%	0	0%	31	100%

(1) Cases are classified as Pediatric if they are less than 13 years of age at time of diagnosis.

(2) Percentages may not total to 100 due to rounding.

Table 10.
Pediatric⁽¹⁾ AIDS Cases by Year of Diagnosis

Mode of Exposure	1982-00	%	2001	%	2002	%	2003	%	2004	%	2005	%	2006 ⁽²⁾	%	Total	% ⁽³⁾
Hemophilia/Coagulation Disorder	4	15%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	4	13%
Perinatal	21	81%	1	100%	2	100%	0	0%	2	100%	0	0%	0	0%	26	84%
Transfusion/Transplant	1	4%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	3%
Total	26	100%	1	100%	2	100%	0	NA	2	100%	0	NA	0	NA	31	100%

(1) Cases are classified as Pediatric if they are less than 13 years of age at time of diagnosis.

(2) Data for 2006 are provisional due to reporting delays.

(3) Percentages may not total 100 due to rounding.

Overall, there have been 31 pediatric AIDS cases reported to the Kentucky HIV/AIDS surveillance program (Table 9 and Table 10). Twenty-six of these cases (84%) were diagnosed prior to 2001. The majority of pediatric cases were reported due to perinatal transmission (n= 26, 84%), 4 were reported with their primary mode of exposure due to hemophilia or coagulation disorders, and 1 was reportedly due to transfusion or transplantation (Table 10). There have been no pediatric cases diagnosed since 1989 which reported hemophilia or coagulation disorders as the mode of exposure. The only pediatric case to report transfusion or transplantation as the risk factor was diagnosed in 1988. There have been no pediatric cases due to perinatal transmission diagnosed since 2004.

Cumulative⁽¹⁾ AIDS Cases by Age at Diagnosis, Race/Ethnicity, and Sex as of December 31, 2006

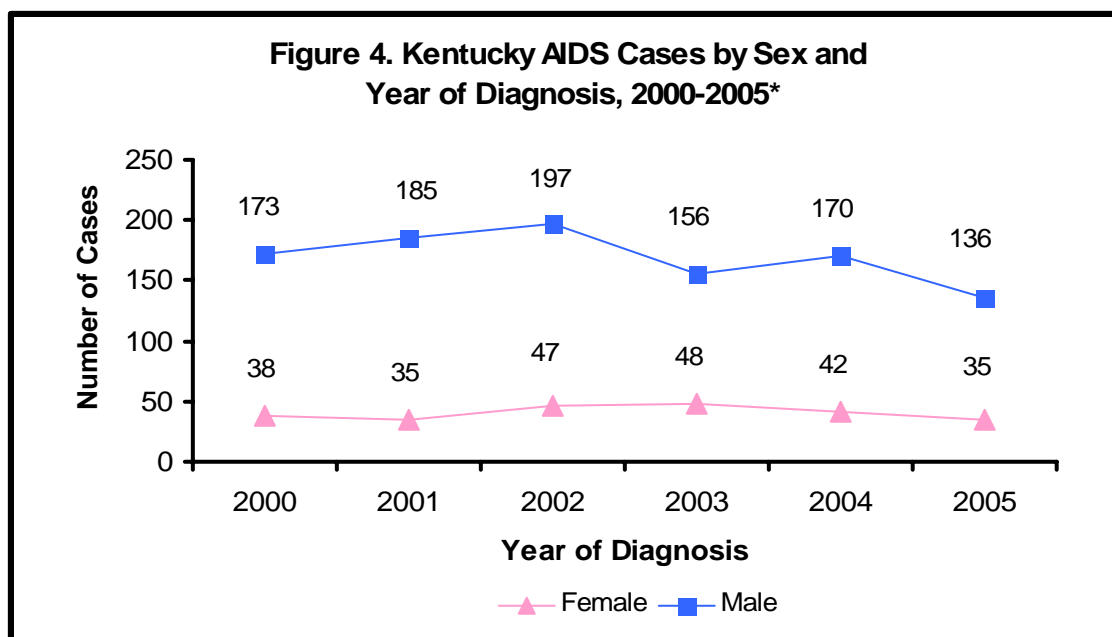
Table 11.

	Age Group	White, Not Hispanic		Black, Not Hispanic		Hispanic		Other		TOTAL	
		No.	%	No.	%	No.	%	No.	%	No.	% ⁽²⁾
MALE	<13	7	≤1%	11	1%	0	0%	0	0%	18	≤1%
	13-19	17	1%	6	1%	2	2%	0	0%	25	1%
	20-29	442	17%	187	18%	32	33%	2	11%	663	17%
	30-39	1184	45%	435	41%	45	46%	9	47%	1673	44%
	40-49	719	27%	310	29%	13	13%	8	42%	1050	27%
	>49	282	11%	108	10%	6	6%	0	0%	396	10%
	TOTAL⁽²⁾	2651	100%	1057	100%	98	100%	19	100%	3825	100%
FEMALE	<13	7	2%	6	2%	0	0%	0	0%	13	2%
	13-19	4	1%	2	1%	0	0%	0	0%	6	1%
	20-29	72	22%	69	21%	11	38%	2	40%	154	23%
	30-39	134	41%	135	42%	8	28%	2	40%	279	41%
	40-49	66	20%	84	26%	6	21%	1	20%	157	23%
	>49	41	13%	27	8%	4	14%	0	0%	72	11%
	TOTAL⁽²⁾	324	100%	323	100%	29	100%	5	100%	681	100%

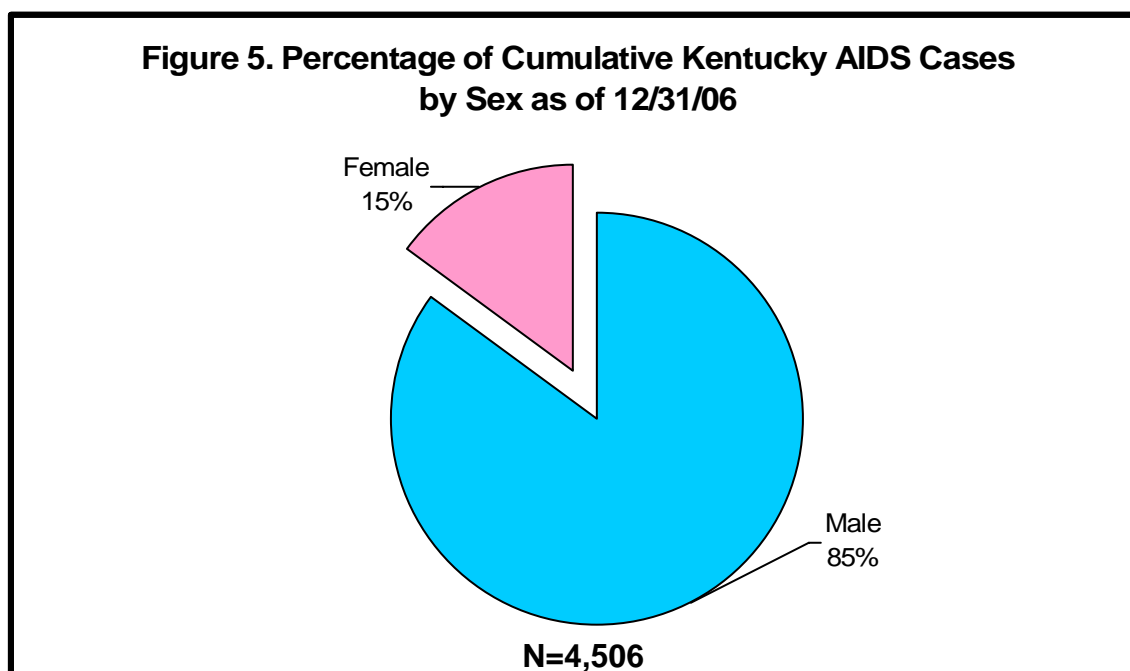
(1) Includes both Adult/Adolescent and Pediatric AIDS cases.

(2) Percentages may not total 100 due to rounding.

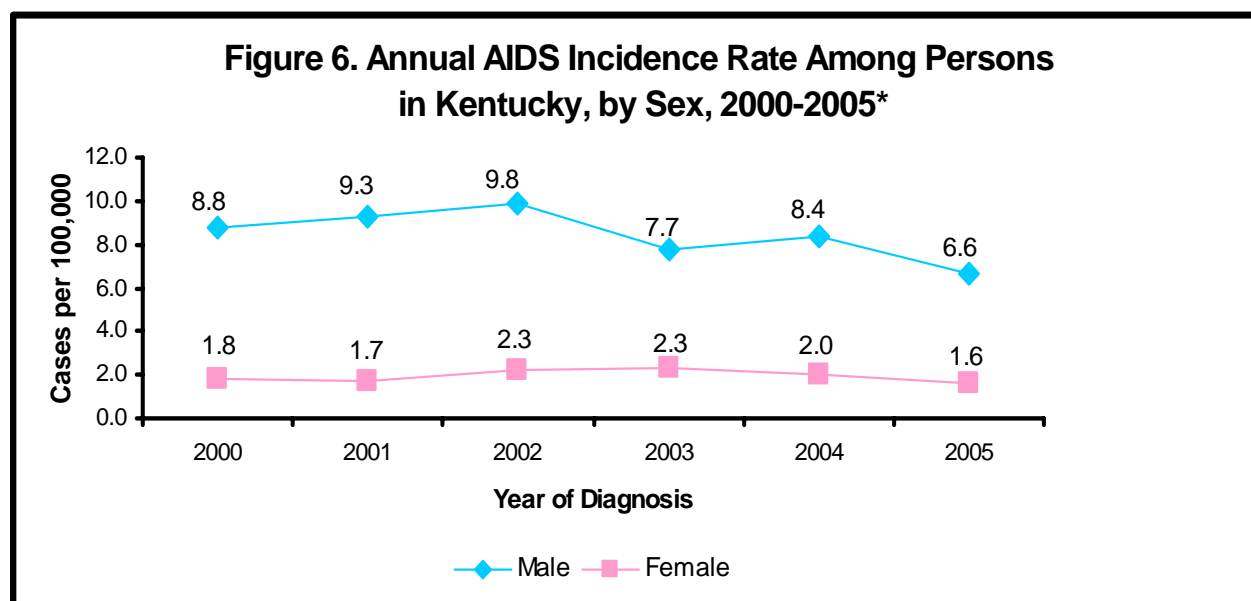
AIDS Cases in Kentucky by Sex



*Data for 2006 are provisional due to reporting delays and are not used in trend analysis; all data are subject to change due to reporting delays.



AIDS Rates in Kentucky by Sex



*Data for 2005 and 2006 are provisional due to reporting delays and are not used in trend analysis; all data are subject to change due to reporting delays.

Males represent the majority (85%) of total AIDS cases reported in Kentucky (Figure 5). On average from 2000 to 2005, the AIDS incidence rate among males has been approximately four times higher than for females (Figure 6). The male AIDS incidence rate has fluctuated from 2000 to 2005. There was a 21 percent decrease in the rate among males from 2004 to 2005. The female AIDS incidence rate has remained fairly steady from 2000 to 2005, with slight decreases in the rate seen since 2003. These trends will continue to be monitored as data become available.

AIDS Cases in Kentucky by Age at Diagnosis

Figure 7. Percentage of Cumulative Kentucky AIDS Cases by Age (in years) at Time of Diagnosis as of 12/31/06

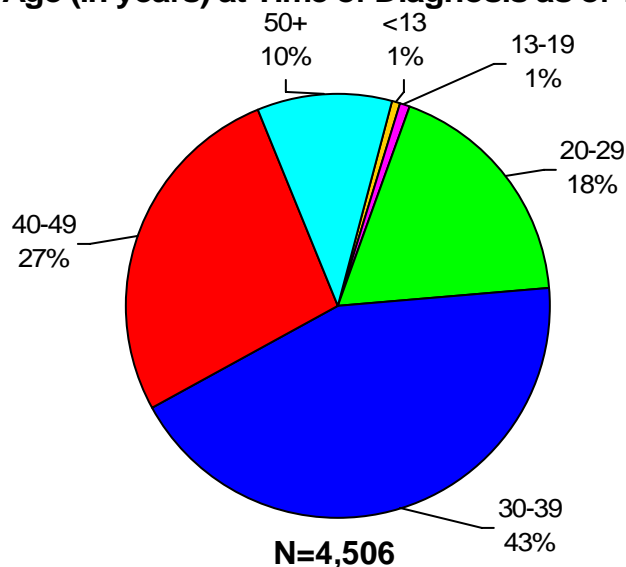
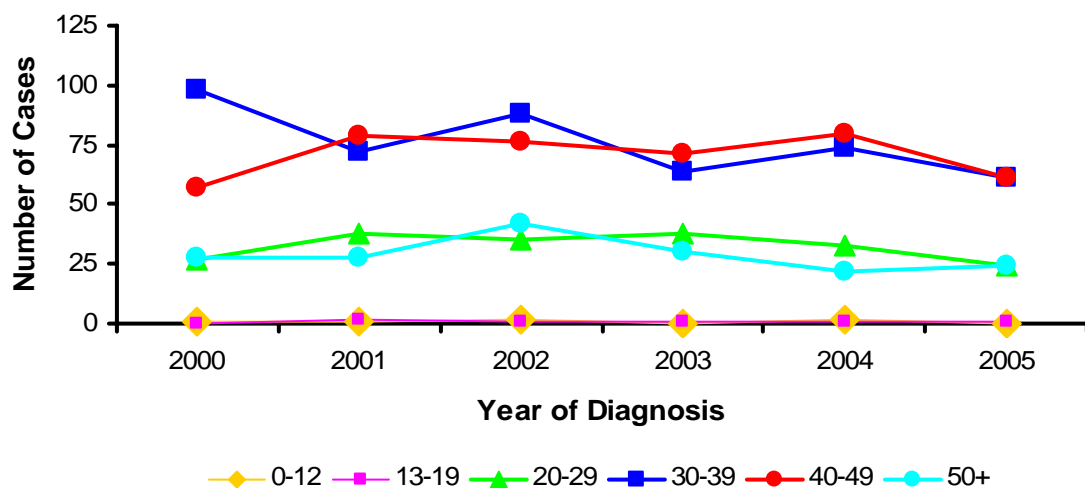
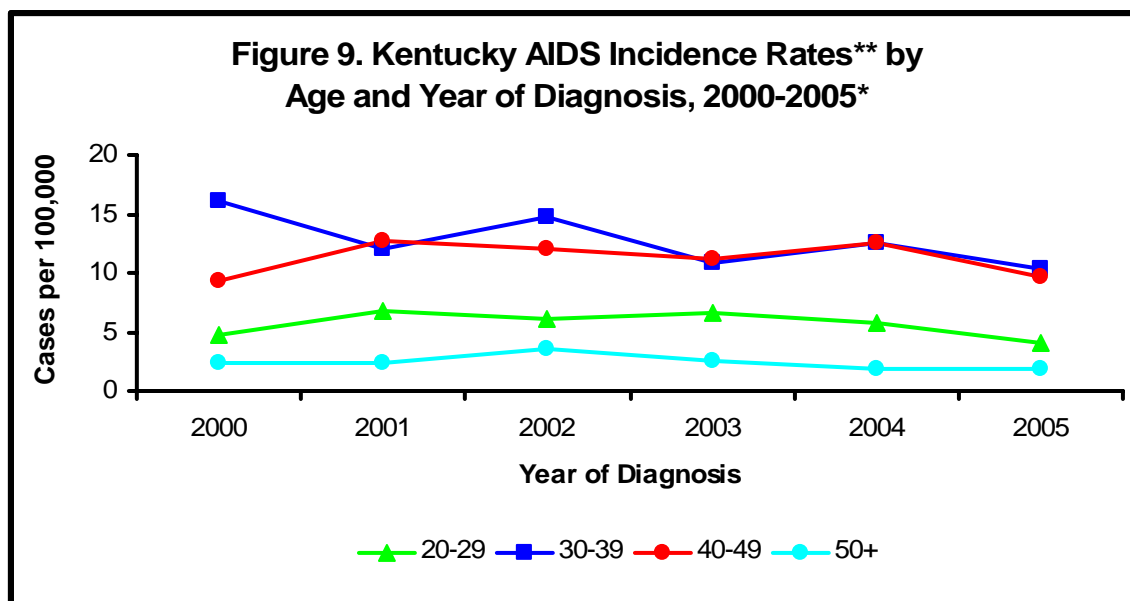


Figure 8. Annual AIDS Cases Among Persons in Kentucky by Age at Diagnosis, 2000-2005*



*Data for 2006 are provisional due to reporting delays and are not used in trend analysis; all data are subject to change due to reporting delays.

Incidence of AIDS in Kentucky by Age at Diagnosis



*Data for 2006 are provisional due to reporting delays and are not used in trend analysis; all data are subject to change due to reporting delays.

**Due to the small numbers of AIDS cases reported, rates are not presented for age groups 0-12 and 13-19 years old.

Cumulatively, the majority of AIDS cases have been diagnosed in their 30's (43%), followed by those in their 40's (27%) (Figure 7). The number of AIDS cases diagnosed in those less than 20 years of age has remained low from 2000 to 2005 (Figure 8). The AIDS incidence rate has been highest among those in their 30's and 40's from 2000 to 2005 (Figure 9). The mean age for diagnosed AIDS cases has remained approximately 39 years old from 2000 to 2005 (Table 12). The highest age at diagnosis between 2000 and 2005 was 70 years of age, which occurred in 2003.

Table 12.
Age at Reported AIDS Diagnosis,
Kentucky 2000-2005

Year	Highest Age	Lowest Age	Mean Age
2000	66	<1	38.8
2001	69	<1	38.7
2002	68	1	39.7
2003	70	19	38.9
2004	69	<1	38.3
2005	67	19	39.8

AIDS Cases in Kentucky by Mode of Exposure

Figure 10. Percentage of Cumulative Kentucky Adult/Adolescent AIDS Cases by Mode of Exposure as of 12/31/06

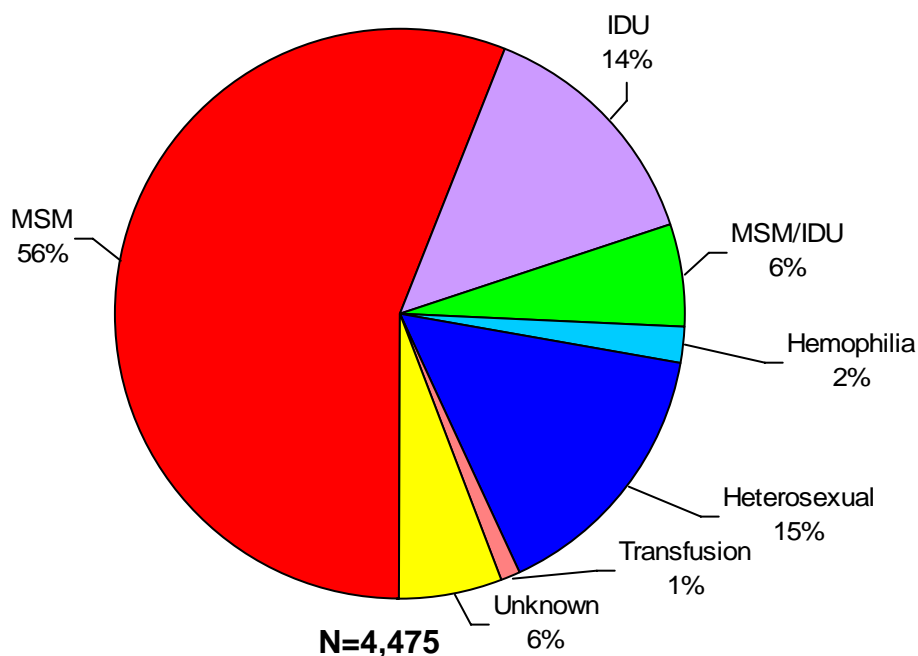


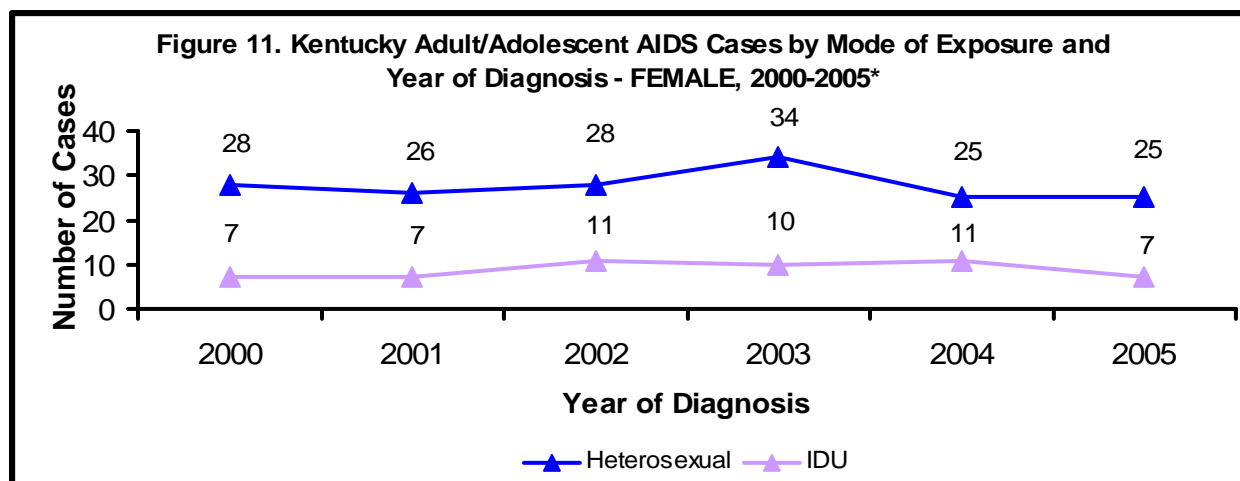
Table 13.

Risk Factor	N
MSM	2,515
IDU	614
MSM/IDU	268
Hemophilia	84
Heterosexual	687
Transfusion	41
Unknown	266
Total	4,475

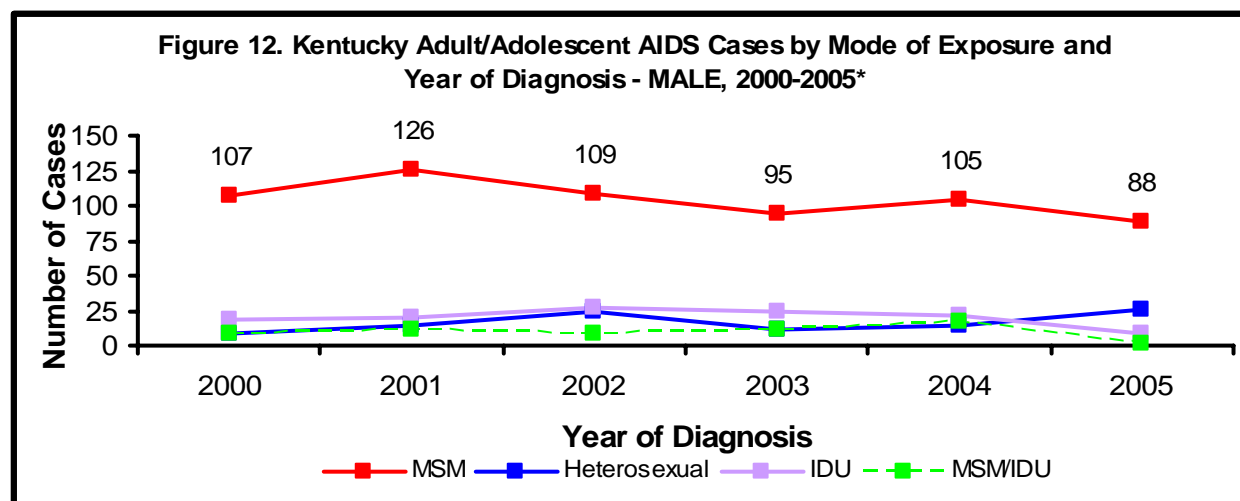
In Kentucky, 56 percent of cumulative adult/adolescent AIDS cases identified their primary mode of exposure as men who have sex with men (MSM), as shown in Figure 10. Fourteen percent of adult/adolescent AIDS cases reported their primary mode of exposure as injection drug use (IDU), and 15 percent reported heterosexual contact. Six percent of Kentucky adult/adolescent AIDS cases reported both MSM and IDU as the primary modes of exposure, and the remaining 9 percent had a non-identifiable exposure or other exposures such as hemophilia and/or transfusions. Cumulative adult/adolescent AIDS case numbers for each mode of exposure are displayed in Table 13.

AIDS Cases in Kentucky by Mode of Exposure and Sex

Females



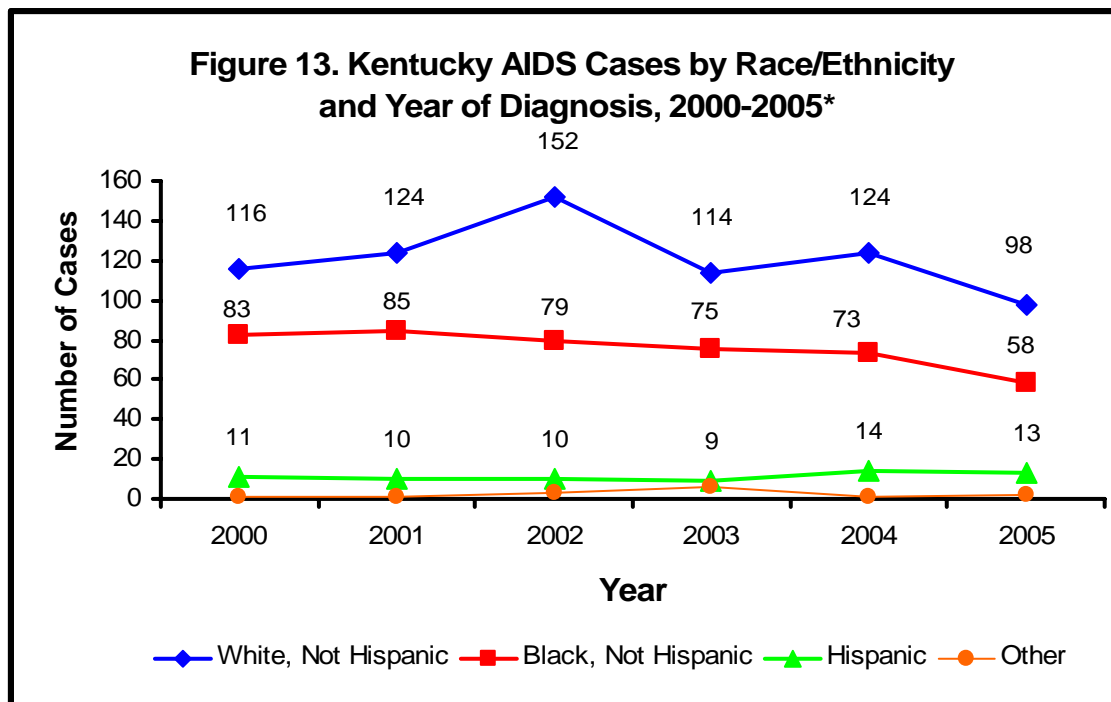
Males



*Data for 2006 are provisional due to reporting delays and are not used in trend analysis; data are subject to change due to reporting delays.

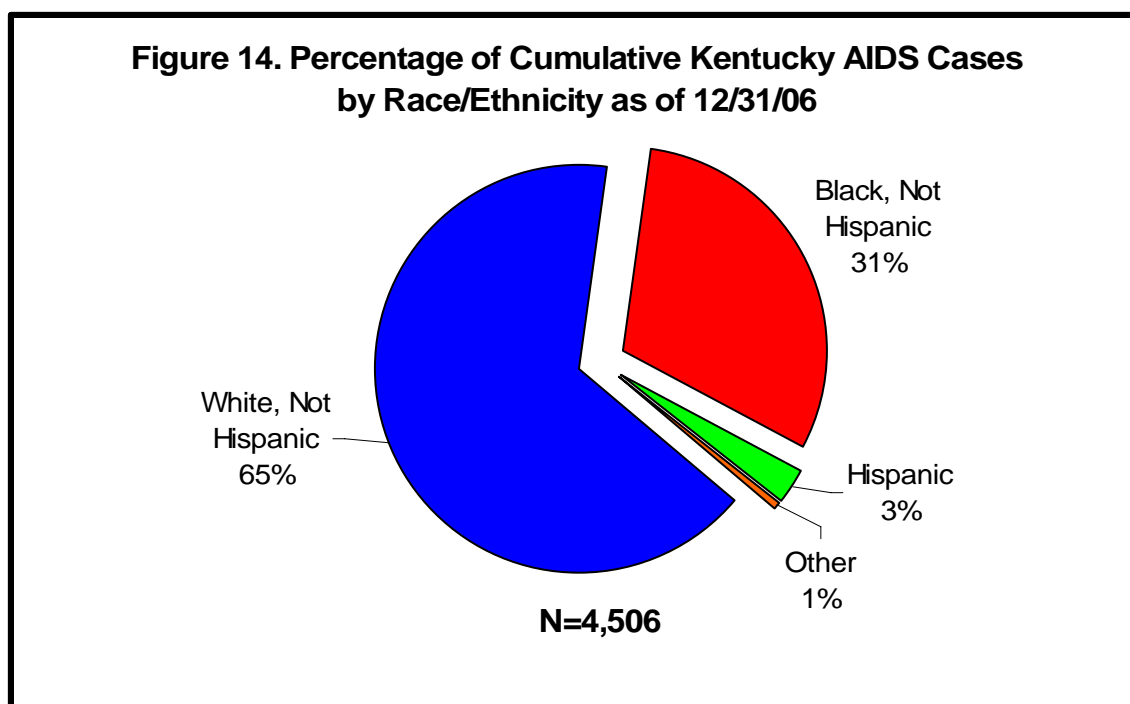
Figure 11 and Figure 12 show female and male Kentucky adult/adolescent AIDS cases by mode of exposure and year of diagnosis. The majority of adult/adolescent female AIDS cases were identified as having heterosexual contact (62%) and injection drug use (26%) as the mode of exposure (Table 8, pg. 12). The number of cases among females reporting heterosexual contact as the mode of exposure has remained fairly steady from 2000 to 2005, except for an increase in 2003 (Figure 11). For adult/adolescent males, the most cases were reported with a primary exposure due to men having sex with men (MSM, 66%), followed by injection drug use (IDU, 12%), the combined risk of MSM and IDU (7%), and heterosexual contact (7%) (Table 8, pg. 12). The largest fluctuations in case numbers from 2000 to 2005 among males occurred among those reporting MSM as their primary mode of exposure (Figure 12).

AIDS Cases in Kentucky by Race/Ethnicity



*Data for 2006 are provisional due to reporting delays and are not used in trend analysis; all data are subject to change due to reporting delays.

Note: The number of cases in the "Other" race/ethnicity category were not labeled due to space issues.



AIDS Incidence in Kentucky by Race/Ethnicity

Figure 15. Kentucky AIDS Incidence Rates by Race/Ethnicity and Year of Diagnosis, 2000-2005*

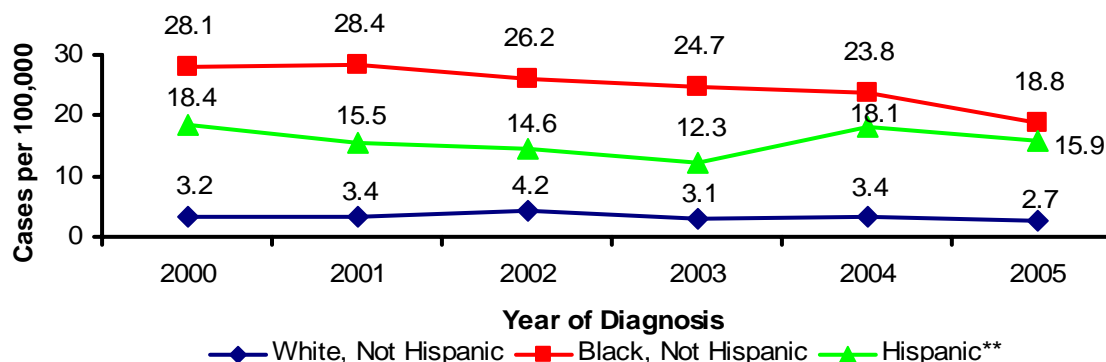
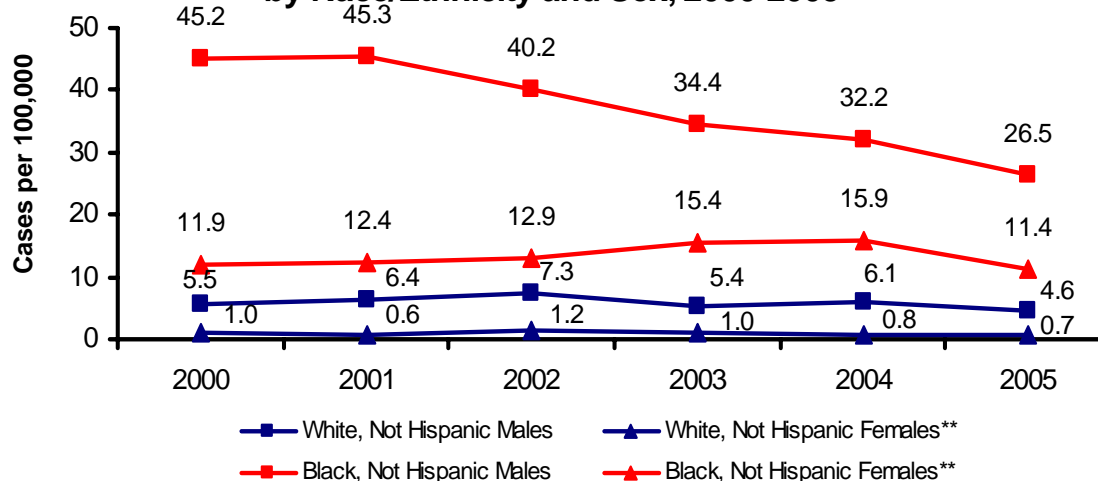


Figure 16. Kentucky AIDS Incidence Rates by Race/Ethnicity and Sex, 2000-2005^a



*Data in 2006 are provisional due to reporting delays and are not used in trend analysis.

**Due to the small numbers of AIDS cases reported, please interpret the corresponding rates with caution.

^a Rates for Hispanic cases by sex are not presented due to the small number of cases reported.

On average from 2000-2005, the AIDS incidence rate for blacks was approximately eight times higher than for whites, and five times higher for Hispanics than for whites in Kentucky (Figure 15). The variation in the incidence rates among Hispanics is likely random, and due to a small number of cases. The incidence rate among black males has steadily decreased since 2001 (Figure 16). However, the incidence rate among black females increased from 2000 to 2004, but decreased from 2004 to 2005. The incidence rates among white males and females has remained fairly steady from 2000 to 2005.

AIDS Mortality Rates in Kentucky

Table 14.
Kentucky AIDS Deaths 2004-All Ages

	White ⁽¹⁾			Black ⁽¹⁾			Total		
	Deaths	Rate*	Rank	Deaths	Rate*	Rank	Deaths	Rate*	Rank
Male	33	1.8	24th	24	16.4	11th	57	2.8	21st
Female	6	0.3	29th	5	3.3	16th	11	0.5	29th
Total	39	1.1	29th	29	9.7	14th	68	1.7	23rd

Table 15.
Kentucky AIDS Deaths 2004-25 to 44 Years

	White ⁽¹⁾			Black ⁽¹⁾			Total		
	Deaths	Rate*	Rank	Deaths	Rate*	Rank	Deaths	Rate*	Rank
Male	17	3.2	9th	13	29.3	4th	30	5.0	7th
Female	3	0.6	19th	3	6.7	9th	6	1.0	14th
Total	20	1.9	10th	16	17.9	5th	36	3.0	8th

Data Source: Office of Vital Statistics, Kentucky Department for Public Health/Cabinet for Health & Family Services

* Rate per 100,000 population

⁽¹⁾ Includes individuals of Hispanic origin

In 2004, AIDS was the 23rd leading cause of death for all Kentuckians (Table 14). AIDS was the 14th leading cause of death among blacks and the 29th leading cause of death among whites in Kentucky. For black males of any age in Kentucky, AIDS ranked as the 11th leading cause of death.

In 2004, among those ages 25-44, AIDS was the 8th leading cause of death (Table 15). Among those ages 25-44, AIDS ranked as the 4th leading cause of death for black males, 9th among white males, 9th among black females, and 19th among white females. In 2004, for blacks age 25-44 years, the AIDS death rates were approximately nine times higher than the white AIDS death rate in this age group.

Overall, 43% of those reported with AIDS have died since the beginning of the epidemic in Kentucky (Table 16).

Table 16.
Kentucky AIDS Case Mortality as of 12/31/06

Diagnosis Year	Total Cases	Living	Deceased	Mortality ⁽¹⁾
1982	2	0	2	100%
1983	6	0	6	100%
1984	15	0	15	100%
1985	30	1	29	97%
1986	37	1	36	97%
1987	66	5	61	92%
1988	121	6	115	95%
1989	161	17	144	89%
1990	179	25	154	86%
1991	215	34	181	84%
1992	280	60	220	79%
1993	302	89	213	71%
1994	305	127	178	58%
1995	331	191	140	42%
1996	324	217	107	33%
1997	261	191	70	27%
1998	235	170	65	28%
1999	229	182	47	21%
2000	211	165	46	22%
2001	220	187	33	15%
2002	244	209	35	14%
2003	204	186	18	9%
2004	212	202	10	5%
2005	171	158	13	8%
2006	144	140	4	3%
TOTAL*	4505	2563	1942	43%

⁽¹⁾ The percentage of AIDS cases diagnosed in a year which are now deceased based on information received through December 31, 2006.

*One case with missing vital status information.

Table 17.
Kentucky AIDS Case Fatality Rate Five Years
Following AIDS Diagnosis

		Status 5 Years Following AIDS Diagnosis		
Diagnosis Year	Total Cases ⁽¹⁾	Living	Deceased	Case Fatality Rate ⁽²⁾
1982	2	0	2	100%
1983	6	0	6	100%
1984	14	0	14	100%
1985	30	3	27	90%
1986	36	4	32	89%
1987	66	11	55	83%
1988	120	12	108	90%
1989	157	30	127	81%
1990	177	30	147	83%
1991	209	45	164	78%
1992	269	80	189	70%
1993	298	113	185	62%
1994	300	155	145	48%
1995	326	215	111	34%
1996	323	249	74	23%
1997	260	208	52	20%
1998	233	177	56	24%
1999	228	186	42	18%
2000	211	165	46	22%
2001	219	187	32	15%
TOTAL ⁽¹⁾	3484	1870	1614	46%

(1) Includes only cases without missing information on year of diagnosis and death.

(2) Proportion of AIDS cases that died within 5 years of AIDS diagnosis.

Table 17 examines the proportion of individuals that died within five years of their AIDS diagnosis (i.e., case fatality rate). For example, of the 211 individuals that were diagnosed with AIDS in 2000, 46 (22%) have died within five years of their diagnosis. Table 17 shows a decline in case fatality rates over time. This is likely due to an increased understanding of the virus, which has resulted in new medical monitoring techniques and improved treatment strategies, such as antiretroviral therapy.

HIV Counseling and Testing Sites

Ora-Sure

The Ora-Sure test determines if HIV antibodies are present in oral mucosal transudate (OMT) that has been collected from the lower cheek and gum. *This is NOT a saliva test since the specimen collected is not saliva.* In order to collect a sample, a nylon pad is placed between the lower gum and cheek for two to five minutes. The pad is salt laden which sets up a concentration gradient causing fluids to be absorbed from cells in the linings of the cheeks and gums. Results are generally available in three to five days. If your agency is interested in becoming an Ora-Sure site, please contact Tom Collins at (502) 564-6539.

State Sponsored Ora-Sure Testing Sites*

All state sponsored testing sites, offer free confidential or anonymous HIV testing. Testing hours and locations may vary. **Please contact the center to verify whether an appointment is needed or if walk-ins are acceptable.**

The AIDS Project
115 Ewing Avenue
Louisville, KY 40206
(502) 608-0586

Barren County Health Department
318 West Washington
Glasgow, KY 42142
(270) 651-8321

AIDS Volunteers of Lexington (AVOL)
263 North Limestone
Lexington, KY 40507
(859) 225-3000

Barren River District Health Department
1109 State Street
Bowling Green, KY 42102
(270) 781-8039

Area Health Education Center-Covington
1030 Old State Road
Park Hills, KY 41011
(859) 442-1191

Bluegrass Farm Worker Clinic (BFWC)
126 Cisco Road
Lexington, KY 40504
(859) 259-0717

Area Health Education Center-Lexington
Black & Williams Neighborhood Center
498 Georgetown Street
Lexington, KY 40508
(859) 281-6086

Daviess County Health Department
1600 Breckenridge
Owensboro, KY 42302
(270) 686-7744

Area Health Education Center-Louisville
Park Duvalle Community Health Center
3015 Wilson Avenue
Louisville, KY 40211
(502) 774-4401 ext 1260

Heartland CARES
3025 Clay Street
Paducah, KY 42001
(270) 444-8183

*Please note that this list only includes those testing sites that are funded by the Kentucky Department for Public Health to administer Ora-Sure testing and **IS NOT** an all inclusive list of testing centers in the state of Kentucky.

HIV Counseling and Testing Sites

State Sponsored Ora-Sure Testing Sites* continued

All state sponsored testing sites, offer **free** anonymous or confidential HIV testing. Testing hours and locations may vary. **Please contact the center to verify whether an appointment is needed or if walk-ins are acceptable.**

Kentucky Department for Public Health
275 East Main Street
Frankfort, Kentucky 40621
(502) 564-6539 or (800) 420-7431

Planned Parenthood—Louisville
1025 S. Second Street
Louisville, KY 40203
(502) 584-2473

Lexington-Fayette County Health Department
650 Newtown Pike
Lexington, KY 40508
(859) 288-2437

Purchase District Health Department
320 North 7th Street
Mayfield, KY 42066
(270) 247-1490

Louisville Metro Health Department
850 Barrett Avenue, Suite 301
Louisville, KY 40204
(502) 574-5600

Volunteers of America—Louisville
850 Barrett Avenue, Suite 302
Louisville, KY 40204
(502) 574-5373

Matthew 25
411 Letcher Street
Henderson, KY 42420
(270) 826-0200

Western Kentucky Univ. Health Services
1906 College Heights Boulevard #8400
Bowling Green, KY 42101-1041
(270) 745-5033 or (270) 745-5653

Northern Kentucky District Health Department
2388 Grandview Drive, Building A
Fort Mitchell, KY 41017
(859) 578-7660

WINGS Clinic
550 South Jackson Street
Louisville, KY 40292
(502) 561-8844

Owensboro Task Force
1600 Breckenridge, Suite 2205
Owensboro, KY 42302
(270) 683-6018

*Please note that this list only includes those testing sites that are funded by the Kentucky Department for Public Health to administer Ora-Sure testing and **IS NOT** an all inclusive list of testing centers in the state of Kentucky.

HIV Counseling and Testing Sites

Ora-Quick

Ora-Quick tests are a type of screening performed on oral mucosal transudate (OMT) in which results are ready in 20 minutes. The oral fluid based rapid test received FDA approval on March 26, 2004. Several agencies working in association with the state HIV Prevention grant are currently using rapid testing. Other agencies are being encouraged to begin using rapid testing. If your agency is interested in becoming an Ora-Quick site, please contact Tom Collins at (502) 564-6539.

State Sponsored Ora-Quick Testing Sites*

All state sponsored testing sites, offer **free** anonymous or confidential HIV testing. Testing hours and locations may vary. **Please contact the center to verify whether an appointment is needed or if walk-ins are acceptable.**

Area Health Education Center-Louisville
Park Duvalle Comm. Health Center
3015 Wilson Avenue
Louisville, KY 40211
(502) 774-4401 ext 1260 or (502) 776-5785

Bluegrass Farm Worker Clinic
126 Cisco Road
Lexington, KY 40504
(859) 259-0717

Area Health Education Center-Covington
1030 Old State Road
Park Hills, KY 41011
(859) 442-1191

Heartland CARES
3025 Clay Street
Paducah, KY 42001
(270) 444-8183

Area Health Education Center-Lexington
Black & Williams Neighborhood Center
498 Georgetown Street
Lexington, KY 40508
(859) 281-6086

Kentucky Department for Public Health
275 East Main Street
Frankfort, Kentucky 40621
(502) 564-6539 or (800) 420-7431

AIDS Volunteers of Lexington (AVOL)
263 North Limestone
Lexington, KY 40507
(859) 225-3000

Lexington-Fayette County Health Department
650 Newtown Pike
Lexington, KY 40508
(859) 288-2437

*Please note that this list only includes those testing sites that are funded by the Kentucky Department for Public Health to administer Ora-Quick testing and **IS NOT** an all inclusive list of testing centers in the state of Kentucky.

HIV Counseling and Testing Sites

State Sponsored Ora-Quick Testing Sites* continued

All state sponsored testing sites, offer **free** anonymous or confidential HIV testing. Testing hours and locations may vary. **Please contact the center to verify whether an appointment is needed or if walk-ins are acceptable.**

Louisville Metro Health Department
850 Barrett Avenue, Suite 301
Louisville, KY 40204
(502) 574-5600

Matthew 25
411 Letcher Street
Henderson, KY 42420
(270) 826-0200

Northern Kentucky District Health Dept.
2388 Grandview Drive, Building A
Fort Mitchell, KY 41017
(859) 578-7660

Planned Parenthood of the Bluegrass
508 West 2nd Street
Lexington, KY 40508
(859) 252-8494

Volunteers of America—Louisville
850 Barrett Avenue, Suite 302
Louisville, KY 40204
(502) 574-5373

*Please note that this list only includes those testing sites that are funded by the Kentucky Department for Public Health to administer Ora-Quick testing and **IS NOT** an all inclusive list of testing centers in the state of Kentucky.
